



U.S. Department of Transportation
Research and Special Programs
Administration

INCIDENT REPORT - GAS TRANSMISSION AND GATHERING SYSTEMS

Report Date _____

No. _____
(DOT Use Only)

INSTRUCTIONS

RSPA-98-4957-48

Important: Please read the separate instructions for completing this form before you begin. They clarify the information requested and provide specific examples. If you do not have a copy of the instructions, you can obtain one from the Office Of Pipeline Safety Web Page at <http://ops.dot.gov>.

PART A - GENERAL REPORT INFORMATION

Check one: ☐ Original Report ☐ Supplemental Report ☐ Final Report

Operator Name and Address

1. a. Operator's 5-digit Identification Number (when known) / / / / / (contract operators should not complete this form, see instructions)
- b. If Operator does not own the pipeline, enter Owner's 5-digit Identification Number (when known) / / / / /
- c. Name of Operator _____
- d. Operator street address _____
- e. Operator address _____
City, County or Parish, State and Zip Code

2. Time and date of the incident

 / / hr. / / month / / day / / year

3. Location of incident

- a. _____
Nearest street or road
- b. _____
City and County or Parish
- c. _____
State and Zip Code
- d. Mile Post/Valve Station _____
- e. Survey Station No. _____
- f. Latitude: _____ Longitude: _____
(if not available, see instructions for how to provide specific location)
- g. Class location description
Onshore: ☐ Class 1 ☐ Class 2 ☐ Class 3 ☐ Class 4
Offshore: ☐ Class 1 (complete rest of this item)
Area _____ Block # _____
State / / or Outer Continental Shelf ☐
- h. Incident on Federal Land other than Outer Continental Shelf
☐ Yes ☐ No

4. Type of leak or rupture

Leak:

- ☐ Pinhole ☐ Connection Failure (complete sec. F4)
- ☐ Puncture, diameter (inches) _____

Rupture:

- ☐ Circumferential - Separation
- ☐ Longitudinal - Tear/Crack, length (inches) _____
Propagation Length, total, both sides (feet) _____
- ☐ N/A ☐ Other _____

5. Consequences (check and complete all that apply)

- a. ☐ Fatality Total number of people: / / / /
Employees: / / / / General Public: / / / /
Non-employee Contractors: / / / /
- b. ☐ Injury requiring inpatient hospitalization Total number of people: / / / /
Employees: / / / / General Public: / / / /
Non-employee Contractors: / / / /
- c. ☐ Property damage/loss (estimated) Total \$ _____
Gas loss \$ _____ Operator damage \$ _____
Public/private property damage \$ _____
- d. ☐ Release Occurred in a 'High Consequence Area'
- e. ☐ Gas ignited - No explosion f. ☐ Explosion
- g. ☐ Evacuation (general public only) / / / / people
Reason for Evacuation:
☐ Emergency worker or public official ordered, precautionary
☐ Threat to the public ☐ Company policy

6. Elapsed time until area was made safe:

 / / hr. / / min.

7. Telephone Report

 / / / / / / / / / / / / /
NRC Report Number month day year

8. a. Estimated pressure at point and time of incident:

_____ PSIG

b. Max. allowable operating pressure (MAOP): _____ PSIG

c. MAOP established by 49 CFR section:

- ☐ 192.619 (a)(1) ☐ 192.619 (a)(2) ☐ 192.619 (a)(3)
☐ 192.619 (a)(4) ☐ 192.619 (c)

d. Did an overpressurization occur relating to the incident? ☐ Yes ☐ No

PART B - PREPARER AND AUTHORIZED SIGNATURE

(type or print) Preparer's Name and Title

Area Code and Telephone Number

Preparer's E-mail Address

Area Code and Facsimile Number

Authorized Signature

(type or print) Name and Title

Date

Area Code and Telephone Number

PART C - ORIGIN OF THE INCIDENT

1. Incident occurred on
☐ Transmission System
☐ Gathering System
☐ Transmission Line of Distribution System
2. Failure occurred on
☐ Body of pipe ☐ Pipe Seam
☐ Joint
☐ Component
☐ Other (specify) _____
3. Material involved (pipe, fitting, or other component)
☐ Steel
☐ Plastic (If plastic, complete all items that apply in a-c)
 Plastic failure was: ☐ ductile ☐ brittle ☐ joint failure
☐ Material other than plastic or steel: (specify) _____
4. Part of system involved in incident
☐ Pipeline ☐ Regulator/Metering System
☐ Compressor Station ☐ Other _____
5. Year the pipe or component which failed was installed: / / / / /

PART D - MATERIAL SPECIFICATION (if applicable)

1. Nominal pipe size (NPS) / / / / / in.
2. Wall thickness / / / / / in.
3. Specification _____ SMYS / / / / /
4. Seam type _____
5. Valve type _____
6. Pipe or valve manufactured by _____ in year / / / / /

PART E - ENVIRONMENT

1. Area of incident
☐ Under pavement ☐ In open ditch
☐ Under ground ☐ Above ground
☐ Inside/under building ☐ Under water
☐ Other _____
2. Depth of cover: _____ inches

PART F - APPARENT CAUSE

Important: Check the box to the left of the cause of the incident. There are 26 numbered causes in this section. Complete all the supplemental items to the right of or below the cause you indicate. See the instructions for this form for guidance.

F1 - CORROSION

1. ☐ External Corrosion
2. ☐ Internal Corrosion
3. ☐ Stress Corrosion Cracking
- If either F1 (1) External Corrosion, or F1 (2) Internal Corrosion is checked, complete all subparts a - e.
- a. Pipe Coating
☐ Bare
☐ Coated
- b. Visual Examination
☐ Localized Pitting
☐ General Corrosion
☐ Other _____
- c. Cause of Corrosion
☐ Galvanic ☐ Stray Current
☐ Improper Cathodic Protection
☐ Microbiological
☐ Other _____
- d. Was corroded part of pipeline considered to be under cathodic protection prior to discovering incident?
☐ No ☐ Yes, Year Protection Started: / / / / /
- e. Was pipe previously damaged in the area of corrosion?
☐ No ☐ Yes, How long prior to incident: / / / / / years / / / / / months

F2 - NATURAL FORCES

4. ☐ Earth Movement ⇒ ☐ Earthquake ☐ Subsidence ☐ Landslide ☐ Other _____
5. ☐ Lightning
6. ☐ Heavy Rains/Floods ⇒ ☐ Washouts ☐ Flotation ☐ Mudslide ☐ Scouring ☐ Other _____
7. ☐ Temperature ⇒ ☐ Thermal stress ☐ Frost heave ☐ Frozen components ☐ Other _____
8. ☐ High Winds

F3 - EXCAVATION

9. ☐ Operator Excavation Damage (including their contractors) / Not Third Party
10. ☐ Third Party Excavation Damage (complete a-d)
- a. Excavator group
☐ General Public ☐ Government ☐ Professional Excavator ☐ Operator/subcontractor
- b. Type: ☐ Road Work ☐ Pipeline ☐ Water ☐ Electric ☐ Sewer ☐ Phone/Cable ☐ Landowner ☐ Railroad
☐ Other _____
- c. Did operator get prior notification of excavation activity?
☐ No ☐ Yes: Date received: / / / / / mo. / / / / / day / / / / / yr.
 Notification received from: ☐ One Call System ☐ Excavator ☐ Contractor ☐ Landowner
- d. Was pipeline marked?
☐ No ☐ Yes (If Yes, check applicable items i - iv)
 i. Temporary markings: ☐ Flags ☐ Stakes ☐ Paint
 ii. Permanent markings: ☐ _____
 iii. Marks were (check one) ☐ Accurate ☐ Not Accurate
 iv. Were marks made within required time? ☐ Yes ☐ No

F4 - OTHER OUTSIDE FORCE DAMAGE

11. ☐ Fire/Explosion as primary cause of failure ⇒ Fire/Explosion cause: ☐ Man made ☐ Natural
12. ☐ Car, truck or other vehicle not relating to excavation activity damaging pipe
13. ☐ Rupture of Previously Damaged Pipe
14. ☐ Vandalism

F5 – MATERIAL AND WELDS**Material**

15. ☐ Body of Pipe ⇒ ☐ Dent ☐ Gouge ☐ Wrinkle Bend ☐ Arc Burn ☐ Other _____
16. ☐ Component ⇒ ☐ Valve ☐ Fitting ☐ Vessel ☐ Extruded Outlet ☐ Other _____
17. ☐ Joint ⇒ ☐ Gasket ☐ O-Ring ☐ Threads ☐ Other _____

Weld

18. ☐ Butt ⇒ ☐ Pipe ☐ Fabrication ☐ Other _____
19. ☐ Fillet ⇒ ☐ Branch ☐ Hot Tap ☐ Fitting ☐ Repair Sleeve ☐ Other _____
20. ☐ Pipe Seam ⇒ ☐ LF ERW ☐ DSAW ☐ Seamless ☐ Flash Weld ☐ Other _____
- ☐ HF ERW ☐ SAW ☐ Spiral

Complete a-h if you indicate **any** cause in part F5.

a. Type of failure:

- ☐ Construction Defect ⇒ ☐ Poor Workmanship ☐ Procedure not followed ☐ Poor Construction Procedures
- ☐ Material Defect

b. Was failure due to pipe damage sustained in transportation to the construction or fabrication site? ☐ Yes ☐ No

c. Was part which leaked pressure tested before incident occurred? ☐ Yes, complete d-g ☐ No

d. Date of test: ____/____/____ mo. ____/____/____ day ____/____/____ yr.

e. Test medium: ☐ Water ☐ Natural Gas ☐ Inert Gas ☐ Other _____

f. Time held at test pressure: ____/____/____ hr.

g. Estimated test pressure at point of incident: _____ PSIG

F6 – EQUIPMENT AND OPERATIONS

21. ☐ Malfunction of Control/Relief Equipment ⇒ ☐ Valve ☐ Instrumentation ☐ Pressure Regulator ☐ Other _____
22. ☐ Threads Stripped, Broken Pipe Coupling ⇒ ☐ Nipples ☐ Valve Threads ☐ Mechanical Couplings ☐ Other _____
23. ☐ Ruptured or Leaking Seal/Pump Packing

24. ☐ Incorrect Operation

a. Type: ☐ Inadequate Procedures ☐ Inadequate Safety Practices ☐ Failure to Follow Procedures ☐ Other _____

b. Number of employees involved who failed post-incident drug test: ____/____/____ Alcohol test: ____/____/____/____

c. Were most senior employee(s) involved qualified? ☐ Yes ☐ No d. Hours on duty: ____/____/____

F7 – OTHER

25. ☐ Miscellaneous, describe: _____
26. ☐ Unknown
- ☐ Investigation Complete ☐ Still Under Investigation (submit a supplemental report when investigation is complete)

PART G – NARRATIVE DESCRIPTION OF FACTORS CONTRIBUTING TO THE EVENT (Attach additional sheets as necessary)